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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	KAL0108 US
First Named Inventor	KALLEN, Michael Charles
<i>COMPLETE IF KNOWN</i>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITE FORM FOR STABILIZING EARTHEN EMBANKMENTS**

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY) 07/28/2004 as United States Application Number or PCT International

Application Number PCT/CA2004/001406 and was amended on (MM/DD/YYYY) 01/17/2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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**DECLARATION – Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> The address associated with Customer Number:			OR <input checked="" type="checkbox"/> Correspondence address below																																																				
<p><b>Name</b> Lance A. Turlock (c/o Meridian Patent Services)</p> <p><b>Address</b> 471 - 7231 - 120th Street</p> <table border="1"> <tr> <td>City Delta</td> <td>State British Columbia</td> <td>ZIP V4C 6P5</td> </tr> <tr> <td>Country Canada</td> <td>Telephone (604) 591-8142</td> <td>Fax (604) 608-2910</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> <p><b>NAME OF SOLE OR FIRST INVENTOR:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1"> <tr> <td>Given Name (first and middle [if any]) Michael Charles</td> <td>Family Name or Surname Kallen</td> </tr> <tr> <td>Inventor's Signature</td> <td>Date 01/23/2006</td> </tr> <tr> <td>Residence: City Mission</td> <td>State British Columbia</td> <td>Country Canada</td> <td>Citizenship Canadian</td> </tr> <tr> <td colspan="4"> <p><b>Mailing Address</b> 32805 Richards Avenue</p> <table border="1"> <tr> <td>City Mission</td> <td>State British Columbia</td> <td>Zip V2V 7E7</td> <td>Country Canada</td> </tr> </table> </td> </tr> <tr> <td colspan="2"><b>NAME OF SECOND INVENTOR:</b></td> <td colspan="3"><input type="checkbox"/> A petition has been filed for this unsigned inventor</td> </tr> <tr> <td colspan="2">Given Name (first and middle [if any])</td> <td colspan="3">Family Name or Surname</td> </tr> <tr> <td colspan="3">Inventor's Signature</td> <td colspan="2">Date</td> </tr> <tr> <td>Residence: City</td> <td>State</td> <td>Country</td> <td colspan="2">Citizenship</td> </tr> <tr> <td colspan="5"><b>Mailing Address</b></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td colspan="2">Country</td> </tr> </table> <p><input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.</p>						City Delta	State British Columbia	ZIP V4C 6P5	Country Canada	Telephone (604) 591-8142	Fax (604) 608-2910	Given Name (first and middle [if any]) Michael Charles	Family Name or Surname Kallen	Inventor's Signature	Date 01/23/2006	Residence: City Mission	State British Columbia	Country Canada	Citizenship Canadian	<p><b>Mailing Address</b> 32805 Richards Avenue</p> <table border="1"> <tr> <td>City Mission</td> <td>State British Columbia</td> <td>Zip V2V 7E7</td> <td>Country Canada</td> </tr> </table>				City Mission	State British Columbia	Zip V2V 7E7	Country Canada	<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			Given Name (first and middle [if any])		Family Name or Surname			Inventor's Signature			Date		Residence: City	State	Country	Citizenship		<b>Mailing Address</b>					City	State	Zip	Country	
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Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	KALLEN, Michael Charles
Title	COMPOSITE FORM FOR STABILIZING.
Art Unit	
Examiner Name	
Attorney Docket Number	KAL0108 US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Lance A. Turlock	28,362

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: 

OR

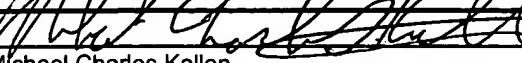
 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lance A. Turlock (c/o Meridian Patent Services)			
Address	471 - 7231 - 120th Street			
City	Delta	State	British Columbia	Zip
Country	Canada			
Telephone	(604) 591-8142	Fax	(604) 608-2910	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	01/16/2006
Name	Michael Charles Kallen	Telephone	(604) 826-8640
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**